

00 / 44897

| POSITION                  | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|------|
| FEE DETERMINATION         |          |        |      |
| O.I.P.E. CLASSIFIER       |          |        |      |
| FORMALITY REVIEW          |          |        |      |
| RESPONSE FORMALITY REVIEW |          |        |      |

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date |
|----------------|------|
| Final Original |      |
| 1              | ✓    |
| 2              |      |
| 3              |      |
| 4              |      |
| 5              | ✓    |
| 6              | ✓    |
| 7              | ✓    |
| 8              |      |
| 9              |      |
| 10             |      |
| 11             |      |
| 12             | ✓    |
| 13             | 0    |
| 14             | ✓    |
| 15             | ✓    |
| 16             | ✓    |
| 17             |      |
| 18             | ✓    |
| 19             | 0    |
| 20             | ✓    |
| 21             | ✓    |
| 22             | 0    |
| 23             | ✓    |
| 24             | ✓    |
| 25             | ✓    |
| 26             | ✓    |
| 27             | 0    |
| 28             | 0    |
| 29             | ✓    |
| 30             | 0    |
| 31             | ✓    |
| 32             | ✓    |
| 33             | 0    |
| 34             | ✓    |
| 35             | ✓    |
| 36             | ✓    |
| 37             | 0    |
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| Claim          | Date |
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| Final Original |      |
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| Claim          | Date |
|----------------|------|
| Final Original |      |
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| 149            |      |
| 150            |      |

If more than 150 claims or 10 actions  
staple additional sheet here

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